## Physician's Certificate of Disability

I hereby certify that				of
(Applicant)		-		
		of	Cass	County is
(Address)				
a permanently and totally disabled person according	ng to the definition:			
The phrase "permanently and totally disable substantial gainful activity by reason of a mental impairment which can be expect to expected to last for a continuous period of	iny medically determinabl result in death or has las not less than twelve month	e ph	ysical	or
Physician Comments.				
This certificate is filed in accordance with NDCC 5				
	Physician	····		
Date:				
	Address			